MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~701 W 8th~~ Wilmington
STREET ADDRESS (If rural, give location) 701 W 8th

3. NAME OF DECEASED (Type or Print) (First) Hoyden (Middle) P (Last) Badders
4. DATE OF DEATH (Month) 8 (Day) 27 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-25-05
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman
10b. KIND OF BUSINESS OR INDUSTRY R.R.Lineman
11. BIRTHPLACE (State or foreign country) Chatum Co. N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred A. Badders
14. MOTHER'S MAIDEN NAME Ada Bright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 716-16-8470
17. INFORMANT Pearl Badders

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal Hemmorrhage . Ruptured Spleen

800.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed left side, of chest . Fractured

169 (c) ribs and pelvis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) R.R.Track (CITY OR TOWN) North East (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 27 (Year) 49.1.45A m. (Hour)
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Knocked off tower on workmcar

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R.E. Dodson (Degree or title) MD ADDRESS Rising Sun. Md DATE SIGNED 8-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8-27-49
NAME OF CEMETERY OR CREMATORY AAsbury Cemetery
LOCATION (City, town, or county) Sanford. N.C. (State)

DATE REC'D BY LOCAL REG. 8/27/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pepper ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 30 1949
BUREAU V. S.

07737

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT
MARYLAND
LENGTH OF STAY (in this place): 17 yrs. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: NORTH CAROLINA
COUNTY: CUMBERLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MANCHESTER
STREET ADDRESS (If rural, give location): BOX #24 ✓

3. NAME OF DECEASED (Type or Print): (First) MAX (Middle) -- (Last) BERNSTEIN

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 4, 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months 4, Days 29, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Europe

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Bernstein - deceased

14. MOTHER'S MAIDEN NAME: Rose ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculosis, pulmonary, bilateral, far advanced — Unknown

002

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

13b

(b) Arteriosclerosis, generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from July 23, 1932, to Aug. 3, 1949, that I last saw the deceased alive on August 3, 1949, and that death occurred at 2:58 PM m., from the causes and on the date stated above.

SIGNATURE: A. E. Trollinger (Degree or title) ADDRESS: M.D., Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: Aug. 4, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Aug. 4, 1949
NAME OF CEMETERY OR CREMATORY: Station Cemetery
LOCATION (City, town, or county) (State): Fort Bragg, N.C.

DATE REC'D BY LOCAL REG.: Aug. 4, 1949
REGISTRAR'S SIGNATURE: Irene E. Dougherty
24. FUNERAL DIRECTOR ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

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ADDITIONAL ALTERNATE NAME: Dr.Trollinger's letter 10-6-49 G 122 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07738

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 4 mos. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 138 N. Culver Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	F.	BIALEK (Frank A. Bialek)	Aug.	25,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	Widower	Nov. 19, 1896	52 yrs.	9	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	--	Albania	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Bialek	Catherine Lebdowicz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW-I	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	8 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis, pulmonary, active	
196 45d	(c) Carcinoma of jaw, left	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-24-49	Carcinoma of buccal mucosa with wide involvement of mandible; metastases of cervical lymph nodes	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---		--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that I attended the deceased from Apr. 20, 1949, to Aug. 25, 1949, that I last saw the deceased alive on Aug. 25, 1949, and that death occurred at 3:05 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. E. TROLLINGER, M.D.	Chief, Professional Services VA Hospital, Perry Point, Md.	8-25-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-25-49	Oak Lawn Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 25, 1949	Irene E. Dougherty	John J. Duda, Jr.	JOHN J. DUDA, 2829 HUDSON ST. BALTIMORE, MD.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07739

CERTIFICATE OF DEATH

Reg. Dist. No. 9 2

1. PLACE OF DEATH — COUNTY: Cecil — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (In this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton rural — STREET ADDRESS (If rural, give location): RD 3

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) May (Last) Birney

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8/7/49

9. AGE last birthday: yrs. — If under 1 year: Months. — If under 24 hrs.: Days / Hours 4 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rudolph Birney

14. MOTHER'S MAIDEN NAME: Margaret Merdentleaves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yr., give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart — Interval Between Onset and Death: 6 hours

754.4 Antecedent cause(s)

157e Diseaaes or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Elkton (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Aug, 1949, to 7 Aug, 1949, that I last saw the deceased alive on 7 Aug, 1949, and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE: George J Kreis, Jr (Degree or title) M.D. ADDRESS: Elkton, Md DATE SIGNED: 7 August '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/8/49 — NAME OF CEMETERY OR CREMATORY: Cherry Hill Cem. — LOCATION (City, town, or county) (State): Elkton RD 3 Md

DATE REC'D BY LOCAL REG.: 8/7/49 — REGISTRAR'S SIGNATURE: E R Frazer

24. FUNERAL DIRECTOR: R. J. Jones — ADDRESS: Newark, Del.

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AUG 9 1949
BUREAU V. S.

07740

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton-RD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Charles Jethro (Middle) Thompson (Last) Brown

4. DATE OF DEATH (Month) Aug (Day) 21 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Aug 9-1877
9. AGE last birthday 72 yrs. If under 1 year Months | Days 14 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commercial fishing
10b. KIND OF BUSINESS OR INDUSTRY Retd Fisherman
11. BIRTHPLACE (State or foreign country) Pittsborough - Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Thompson
14. MOTHER'S MAIDEN NAME Annie R. Crothers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) 22
16. SOCIAL SECURITY NO.
17. INFORMANT widow - Mrs Charles J Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General carcinomatosis of bowel — INTERVAL BETWEEN ONSET AND DEATH about 1 yr.

153 Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to Aug 21, 1949, that I last saw the deceased alive on Aug 21, 1949, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) V. H. McKnight ADDRESS DATE SIGNED Aug 22-1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE Aug 24/49 NAME OF CEMETERY OR CREMATORY Elkton, LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REG. 8/23/49 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07741

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
   STREET ADDRESS (If rural, give location) 142 E High St.

3. NAME OF DECEASED (Type or Print): (First) Dahiel (Middle) (Last) Bryant

4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 1949

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-4-1917

9. AGE last birthday: 32 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): South Ca rolina

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Albert Bryant

14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mabel Bryant

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

916.0 **Immediate cause** (a) Second degree burns of body to waist

180 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arms and face

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home | (CITY OR TOWN) Elkton | (COUNTY) Cecil | (STATE) Md.

TIME OF INJURY (Month) 8 (Day) 20 (Year) 49 (Hour) 11 m. 4 P | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? House burned down

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE A L Dodson (Degree or title) MD | ADDRESS Rising Sun, Md | DATE SIGNED 8-21-49

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF 8/23/49 | NAME OF CEMETERY OR CREMATORY Providence Cem. | LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REG. 8/23/49 | REGISTRAR'S SIGNATURE E R Frazer | 24. FUNERAL DIRECTOR Edw R Bell | ADDRESS 909 Poplar St.,

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96 — 07742

1. PLACE OF DEATH
COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT
LENGTH OF STAY (in this place): 12 yrs. 6 mos. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: PUERTO RICO — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: AIBONITO
STREET ADDRESS (If rural, give location): RUIZ RIVERA

3. NAME OF DECEASED (Type or Print): (First) PEDRO (Middle) L. (Last) COLON

4. DATE OF DEATH: (Month) August (Day) 12, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: 11-30-1895

9. AGE last birthday: 53 yrs. If under 1 year: Months 8 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Puerto Rico

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mrs. Providencia Colon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Peace time

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive cardio-vascular renal disease — Interval Between Onset and Death: Unknown

442 / 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, cerebral, severe

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN) (COUNTY) (STATE): --

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Jan. 15, 1937, to Aug. 12, 1949, that I last saw the deceased alive on Aug. 12, 1949, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D.
(Degree or title): Acting Chief, Professional Services
ADDRESS: VAH, Perry Point, Md.
DATE SIGNED: 8-15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 8-15-49
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Puerto Rico

DATE REC'D BY LOCAL REG.: Aug 15, 1949
REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
AUG 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07743

BC

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A151

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 2 mos. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 1325 Fayette Street

3. NAME OF DECEASED (Type or Print): (First) SAM (Middle) - (Last) DANIS

4. DATE OF DEATH: (Month) August (Day) 23, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-6-1891

9. AGE last birthday: 58 yrs. — If under 1 year: Months 0 Days 17 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Albania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I & PF

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Lymphosarcomatosis, of extremities	Approx.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	March 1949
	(c)	

200.1
55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from June 14, 1949, to Aug. 23, 1949, that I last saw the deceased alive on Aug. 23, 1949, and that death occurred at 5:45 PM m., from the causes and on the date stated above.

SIGNATURE: A.E. Trollinger (Degree or title) ADDRESS: A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 8-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: Aug. 26, 1949

NAME OF CEMETERY OR CREMATORY: ANGEL HILL CEMETERY

LOCATION (City, town, or county) (State): HAVRE DE GRACE, MARYLAND

DATE REC'D BY LOCAL REG.: Aug 26, 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son

PENNINGTON & SON, HAVRE DE GRACE, MD.

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

117744

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 2-1/2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VIRGINIA — COUNTY ARLINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSSLYN
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THOMAS	C.	FENTON	August	19,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Single	Mar. 4, 1913	36 yrs.	5	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rosslyn, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Fenton
14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-II
16. SOCIAL SECURITY NO.: 578 01 5802
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock	Unknown
540.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 117a	(b) Acute pancreatitis	
	(c) Acute peptic ulcer	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY --
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. --
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? --

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE R. C. Dodson (Degree or title) M.D. ADDRESS Rising Sun DATE SIGNED Aug. 19, 1949

R. C. DODSON, M.D., Medical Examiner for Cecil County, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-24-49	Baltimore National Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG. Aug 24 1949
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR ADDRESS Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
AUG 29 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07745

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location) RFD 5

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) KEPLER (Last) GILLINGAME

4. DATE OF DEATH (Month) 8 (Day) 11 (Year) 1949

5. SEX F. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH 11-16-1867 | 9. AGE last birthday 81 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Gillingame | 14. MOTHER'S MAIDEN NAME Ella Brunch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Isaac Payne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-, 1949, to 8-11, 1949, that I last saw the deceased alive on 8-9, 1949, and that death occurred at 1 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R.L. Doctor M.D. Rising Sun Md 8-11-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 8-13-49 | NAME OF CEMETERY OR CREMATORY Bethel | LOCATION (City, town, or county) (State) Chesapeake City Md.

DATE REC'D BY LOCAL REG. 8/11/49 | REGISTRAR'S SIGNATURE F.R. Frazer | 24. FUNERAL DIRECTOR ADDRESS H. W. Pippin & Son Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1949
BUREAU V. S.

07746

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) decide
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 East High

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton (ELKTON)
STREET ADDRESS (If rural, give location) 115 East High

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) CONSTABLE (Last) GREEN
4. DATE OF DEATH (Month) 8 (Day) 11 (Year) 1949
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 7-22-1902
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Green
14. MOTHER'S MAIDEN NAME Bertha Biddle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Bertha Realey.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Traumatic amputation of Rt

802.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arm at shoulder. Rt leg at hip

169 (c) Fracture of Left arm & mangled Rt hand. Puncture wound of ~~left~~ Right side of abdomen.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) R.R. Tracks (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 11 (Year) 49 (Hour) 5 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was struck by Pennsa R.R. Train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 8/11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-12-49
NAME OF CEMETERY OR CREMATORY Gilpin Manor Memorial
LOCATION (City, town, or county) Elkton (State) Md
DATE REC'D BY LOCAL REG. 8/11/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H.W. Pippin & Son ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07747

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dr. J. L. Johnson's office 245 East High Street.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 117 Bethel Street

3. NAME OF DECEASED (Type or Print): (First) Lois (Middle) Elaine (Last) Grinnage
4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 1949

5. SEX: F
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-12-1940
9. AGE last birthday: 8 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elkton, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: no information
14. MOTHER'S MAIDEN NAME: Marian Marie Grinnage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Marian Marie Grinnage

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Failure

473 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ether Anaesthesia

1150 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-31-49
19b. MAJOR FINDINGS OF OPERATION: Tonsils and adenoids
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Dr. I's Office
(CITY OR TOWN): Elkton (COUNTY): Cecil (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) — ADDRESS: Rising Sun, Md. — DATE SIGNED: 8-31-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/3/49 — NAME OF CEMETERY OR CREMATORY: Providence Cem. — LOCATION (City, town, or county): Elkton (State): Md.

DATE REC'D BY LOCAL REG. 9/1/49 — REGISTRAR'S SIGNATURE: E R Frazer

24. FUNERAL DIRECTOR: Edw. R. Bell — ADDRESS: Wilmg. Del.

RECEIVED
SEP 6 1949
BUREAU V. S.

07748

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (in this place) x
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Beaver
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aliquippa
STREET ADDRESS (If rural, give location) 1734 Polk.

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) Eleanore (Last) Herbert
4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 49

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-12-08
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Coatesville, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry Drake
14. MOTHER'S MAIDEN NAME Gertrude Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Robert M. Herbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

822.5 Immediate cause (a) Crushed right side of chest Fracture of both

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) legs and lacerated scalp

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 1
(CITY OR TOWN) Rising Sun (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 26 (Year) 49 (Hour) 11A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile ran off road and turned over.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson (Degree or title) MD
ADDRESS Rising Sun, Md.
DATE SIGNED 8-26-49.

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) Removal
DATE THEREOF Aug 30 1949
NAME OF CEMETERY OR CREMATORY Aliquippa Pa.
LOCATION (City, town, or county) Aliquippa (State) P.

DATE REC'D BY LOCAL REG. Aug 26-49
REGISTRAR'S SIGNATURE L. M. Worthington
24. FUNERAL DIRECTOR J. E. Tyson
ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 30 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07749

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
MARYLAND
LENGTH OF STAY (In this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): (First) PAUL (Middle) T. (Last) JARMAN

4. DATE OF DEATH: (Month) Aug. (Day) 9, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 18, 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months 6 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Townsend, Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Jarman - deceased

14. MOTHER'S MAIDEN NAME: Eleanor Trader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis, pulmonary, chronic, active — Interval between onset and death: Unknown

002
132

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --
(CITY OR TOWN): --
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from July 29, 1949, to August 9, 1949 that I last saw the deceased alive on Aug. 9, 1949, and that death occurred at 6:40 PM m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D.
(Degree or title): Acting Chief, Professional Services
ADDRESS: VAH, Perry Point, Md.
DATE SIGNED: 8-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 8-11-49
NAME OF CEMETERY OR CREMATORY: Riverside Cemetery,
LOCATION (City, town, or county): Berlin, Md.
(State):

DATE REC'D BY LOCAL REG.: Aug 11 1949
REGISTRAR'S SIGNATURE: Irene E. Daughaday
21. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07750

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 14 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East. RD 1; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lee (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jul 16-1893

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: John L. Johnson

14. MOTHER'S MAIDEN NAME: Mary Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 228-09-8032

17. INFORMANT: Re deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Endocarditis — Interval Between Onset and Death: 14 mos

414 Antecedent cause(s)

92c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute rheumatic fever — age of 10

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9- 1949, to Aug 10 1949, that I last saw the deceased alive on Aug 9- 1949, and that death occurred at 7.00a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) U. A. McKnight M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE 8-13-49 — NAME OF CEMETERY OR CREMATORY: Union — LOCATION (City, town, or county) (State): Elkton Rural Md

DATE REC'D BY LOCAL REG. 8/13/49 — REGISTRAR'S SIGNATURE: J R Frazer

24. FUNERAL DIRECTOR: Joseph R Grant — ADDRESS: North East Md

RECEIVED
AUG 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07751

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Nelson (Last) Linton

4. DATE OF DEATH: (Month) Aug. (Day) 31, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-8-1888

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William B. Linton

14. MOTHER'S MAIDEN NAME: Nancy Weir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: R. Elsie Linton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro Vascular Accident	24 hrs
443 Antecedent cause(s)		
938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis (chronic)	5 yrs.
	(c) Hypertension.	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Aug. 31, 1947, that I last saw the deceased alive on Aug. 31, 1947, and that death occurred at 8:10 P m., from the causes and on the date stated above.

SIGNATURE: M. Richards — (Degree or title): M D — ADDRESS: Port Deposit, Md. — DATE SIGNED: 9-2-47

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9-3-1949 — NAME OF CEMETERY OR CREMATORY: Asbury — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Sept. 2, 1949 — REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville, Md.

RECEIVED
SEP 7 1949
BUREAU Y. S.

07752

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) (Last) McCloud

4. DATE OF DEATH (Month) Aug (Day) 11 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 6-15-1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John P. Null
14. MOTHER'S MAIDEN NAME Martha A. Cheeks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS James Cornett - Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal Obstruction	5 days
153 Antecedent cause(s)		
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Large Bowel & Rectum	10 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-4, 1949, to 8-11, 1949, that I last saw the deceased alive on 8-10, 1949, and that death occurred at 5:50 A m., from the causes and on the date stated above.

SIGNATURE George J Kneis, Jr (Degree or title) ADDRESS Elkton, Md DATE SIGNED 8-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 13 1949
NAME OF CEMETERY OR CREMATORY ~~Carters Bridge~~ Cemetery
LOCATION (City, town, or county) ~~Carters Bridge~~ Uniontown (State) Md.

DATE REC'D BY LOCAL REG. 8/11/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR C. O. Fuss & Son ADDRESS Taneytown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1949
BUREAU V. S.

RECEIVED
AUG 13 1949
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 121 SEP -9 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07753

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural, give location) 252 S. College ave

3. NAME OF DECEASED (Type or Print) (First) Isabelle (Middle) Ashbridge (Last) McCulley

4. DATE OF DEATH (Month) Aug (Day) 30 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married
8. DATE OF BIRTH Nov 1, 1914
9. AGE last birthday 34 55 yrs. If under 1 year: Months 9, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surf
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fort Monroe Va
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Col. Donald Ashbridge
14. MOTHER'S MAIDEN NAME Isabelle Reynold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Marshall McCulley - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema

200.1 Antecedent cause(s)

55a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lymphatic Sarcoma

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 1944
19b. MAJOR FINDINGS OF OPERATION Lymph Sarcoma with Metastases
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Aug 30, 1949, that I last saw the deceased alive on Aug 30, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE H. Arthur Cantwell (Degree or title) MD ADDRESS North East, Md DATE SIGNED 8/31/49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 8/31/49
NAME OF CEMETERY OR CREMATORY St. Georges Cemetery
LOCATION (City, town, or county) St. Georges (State) Del.

DATE REC'D BY LOCAL REG. 8/31/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07754

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeaktiy Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) EMMETT BYRON MEEKINS

4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 31, 1914
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Bethel Cemetery
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sparrows Point Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Meekins
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT Virginia Meekins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

535 Immediate cause (a) Respiratory Failure

1150 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unusual sensitivity to

(c) Sodium Penthothal Anaesthesia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-5-49
19b. MAJOR FINDINGS OF OPERATION Extraction of teeth Elkton Cecil
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rlt Dodson MD (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 8-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 8 1949
NAME OF CEMETERY OR CREMATORY Lorodon Park
LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. 8/6/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07755

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 192 Hollingsworth Manor

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jesse	Clarence	Miles	8	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W.	Married	9-18-1902	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Piney Creek, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Miles
14. MOTHER'S MAIDEN NAME: Atheline Crouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.2
16. SOCIAL SECURITY NO.
17. INFORMANT: Sheriff Elwood Boyd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8
180

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowned.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Elk River	(CITY OR TOWN) Elkton, Rural	(COUNTY) Cecil	(STATE) Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
8	8	49	6.22 p.m.			Apparently got cramp in deep water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. le Dodson MD		Rising Sun, Md.	8-9-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
removal	8/9/49	Farmwood Cemetery	Trountdale	Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/9/49	E K Frazer	H W Pippen & Son	Elkton Md

VS. A15A

RECEIVED
AUG 13 1949
BUREAU V. S.

~~Birth and Death~~ Death

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 92

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution: Union Hospital

Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Cecil

City or town North East
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If RURAL give LOCATION)

3. Name of child

4. Date of birth 14 Aug 1949 Hour 4:27 A.M.

5. Sex Male | 6. Twin or triplet

7. No. of weeks pregnancy 24 weeks

FATHER OF CHILD

8. Full name HARRY NORMAN

9. Color White 10. Age at time of this birth 31 yrs.

11. Usual occupation mechanic

MOTHER OF CHILD

12. Full maiden name Mary Ruth Thomas

13. Color White 14. Age at time of this birth 27 yrs.

15. Usual occupation Hwfe.

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 2
(b) How many other children were born alive but are now dead? none (c) How many other children were *born* dead? None

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of Symptoms suggestive of premature sep. of placenta on several occasions throughout pregnancy.

19. Labor: (a) Complications of Premature labor
(b) Induced? No

20. (a) Was there an operation for delivery? No (Yes or No)
(b) State all operations, if any None
(c) Did child die before operation? No
During operation? No

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes Prematurity
(b) Maternal causes Evidence of numerous placental infarcts; Several episodes of mild premature separation of placenta throughout period of gestation.

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

761.5
160c

Signature Klaus H Huebner M.D.
(Specify if M. D., midwife, or other)

Address North East, Md

23. (a) Burial (Burial, cremation or removal) (b) Date thereof 8-15-49 (month) (day) (year)
(c) Cemetery or crematory Methodist North East Md

24. (a) Funeral director Joseph R. Grant
(b) Address North East, Md

25. (a) 8/15/49 (Date rec'd by registrar) (b) F R Frazer (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

Child lived 10 hours 57 min.
Expired 3:30 P.M. 14 Aug 49
KH Huebner M.D.

M

C

I

T

V. S. A10

RECEIVED
AUG 17 1949
BUREAU V. S.

Evidence for addition in #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07757

FILM No. G 122 SEP 30 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 1 mo - 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location) Rd

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) M. (Last) Preston

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 13 1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Aberdeen Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Cullum

14. MOTHER'S MAIDEN NAME: Harriett Bunce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT: Mrs Walter Preston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Diabetic Coma	24 hours
902.0 Antecedent cause(s)	(b) Diabetic gangrene rt. foot	5 weeks
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Fractured neck of left femur	5 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	(d) Diabetes Mellitus	15 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Fractured left femur in hospital — (CITY OR TOWN) Elkton — (COUNTY) Cecil — (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell out of bed on 7/8/49 while in hosp. (9/30/49- ams.)

22. I hereby certify that I attended the deceased from May, 1946, to 15 Aug, 1949, that I last saw the deceased alive on 14 Aug, 1949, and that death occurred at 3:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Klaus H Jahncke M.D. — ADDRESS: North East, Md — DATE SIGNED: 15 Aug '49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8-17-49 — NAME OF CEMETERY OR CREMATORY: Baker — LOCATION (City, town, or county) (State): Aberdeen, Harford, Md

DATE REC'D BY LOCAL REG. 8/17/49 — REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: Joseph R. Grant — ADDRESS: North East Md

RECEIVED
AUG 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07758

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick R.D.
LENGTH OF STAY (In this place) 79yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick R.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) I (Last) Shiver
4. DATE OF DEATH: (Month) (Day) (Year) 8/13/49 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 7/31/1870
9. AGE last birthday: 79 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Lockwood
14. MOTHER'S MAIDEN NAME: Elizabeth Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mrs Wm. Price 3rd. Middletown Del. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 8201

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 8/7/49

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7th, 1949, to Aug. 13th 1949, that I last saw the deceased alive on Aug. 13th. 1949, and that death occurred at 4.30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Allan R. Buckley M.D Middletown, Del. 8/15/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/16/49
NAME OF CEMETERY OR CREMATORY: St, Annes Cemetery
LOCATION (City, town, or county) (State): Middletown Del.

DATE REC'D BY LOCAL REG.: Aug 16-49
REGISTRAR'S SIGNATURE: Mrs Harry D. Cheyney
24. FUNERAL DIRECTOR: T. Custer Daniels
ADDRESS: Middletown Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07759

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) M. (Last) SMITH

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 19[illegible]9

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Octobert 4,1890

9. AGE last birthday: 58 yrs. If under 1 year: Months 10, Days 22, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Holmes Smith, M.D.

14. MOTHER'S MAIDEN NAME: Adele Maude King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hospital Records, VAH - Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastrointestinal hemorrhage, due to: Duodenal ulcer — Interval Between Onset and Death: Unkn.

541.0 Antecedent cause(s)

117 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 19 49, to Aug. 26, 19 49, that I last saw the deceased alive on Aug. 26, 19 49, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

SIGNATURE: A. E. Hellwig — (Degree or title): M.D., Chief, Professional Services — ADDRESS: [illegible] — DATE SIGNED: 8-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-29-49 — NAME OF CEMETERY OR CREMATORY: St. Johns — LOCATION (City, town, or county) (State): Long Green, Maryland

DATE REC'D BY LOCAL REG.: aug. 27, 1949 — REGISTRAR'S SIGNATURE: Irene E. Dougherty — 24. FUNERAL DIRECTOR — ADDRESS: [illegible] Havre de Grace Md.

RECEIVED
AUG 31 1949
BUREAU V. S.

07760

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Rural RD 4
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Paul Frederick Stoud, Jr.

4. DATE OF DEATH (Month) (Day) (Year): 8 30 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 5-11-49
9. AGE last birthday: 4 mo. yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Elkton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Frederick Stoud, Sr.
14. MOTHER'S MAIDEN NAME: Glays Mary Tatter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Mary Stoud,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

772.0 Immediate cause (a) Malnutrition and Enteritis

119a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R.L. Dodson (Degree or title) MD
ADDRESS: Rising Sun, Md.
DATE SIGNED: 8-30-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8-31-49
NAME OF CEMETERY OR CREMATORY: Union Methodist
LOCATION (City, town, or county): Elkton Rural (State) Md

DATE REC'D BY LOCAL REG. 8/31/49
REGISTRAR'S SIGNATURE: F R Frazer
24. FUNERAL DIRECTOR: Joseph R Graus ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07761

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton Rural
LENGTH OF STAY (in this place): 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton, Rural 3
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Ellen	Teague	8	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W.	Married	6-28-1874	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Salisbury, Md.	U.S.A.

13. FATHER'S NAME: William Livingston

14. MOTHER'S MAIDEN NAME: Mary F. Vincent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Geo. W. Teague

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cornary Thrombosis

420.1
94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: A. E. Dodson M.D. (Degree or title) — ADDRESS: Rising Sun Md. — DATE SIGNED: 8-25-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-28-49	Concord Methodist	Concord Delaware

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/26/49	F. R. Frazer	H. Hopkins	Elkton, Md

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07762

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 2513 Calverton Heights Avenue

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) F. (Last) WIETHEGER

4. DATE OF DEATH: (Month) August (Day) 25, (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-14-1889

9. AGE last birthday: 59 yrs. If under 1 year: Months 9, Days 11, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Wietheger - deceased

14. MOTHER'S MAIDEN NAME: Frances Heine - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 215-03-7663

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of the liver with hepatic failure — Interval Between Onset and Death: Unknown

153 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 462

(b) Adenocarcinoma of the ascending colon

(c) Ascites, secondary to cirrhosis

(d) Intra-peritoneal abscess

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug. 15, 1949

19b. MAJOR FINDINGS OF OPERATION: Same as above

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) -- (COUNTY) (STATE)

TIME OF INJURY: (Month) -- (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Mar. 14, 1949, to Aug. 25, 1949, that I last saw the deceased alive on August 25, 1949, and that death occurred at 5:40 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. F. BRANNON, M.D., Acting Chief, Professional Services, VAH, Perry Point, Md. 8-26-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE: Aug. 26, 1949

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Aug. 26, 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

M. FUNERAL DIRECTOR ADDRESS: Pennington & Son

PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
AUG 30 1949
BUREAU V.-S.-

07763

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avoca
STREET ADDRESS (If rural, give location) 503 Pittston Avenue

3. NAME OF DECEASED (Type or Print) (First) RUSSELL (Middle) W. (Last) WILLIAMS

4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1949

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep

8. DATE OF BIRTH Aug. 20, 1909

9. AGE last birthday 39 yrs. If under 1 year Months 1 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner & clerk in store

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pittston, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown - deceased

14. MOTHER'S MAIDEN NAME Mrs. Grace MacDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY No. Unknown

17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Allergy, drug, insulin (shock)	5 minutes
300.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	due to (b) Insulin shock therapy	
84t	due to (c) Schizophrenic reaction, paranoid type	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) - (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Feb. 4, 1949, to Aug. 1, 1949, that I last saw the deceased alive on Aug. 1, 1949, and that death occurred at 7:35 AM m., from the causes and on the date stated above.

SIGNATURE A. E. Trollinger (Degree or title) ADDRESS DATE SIGNED 8/9/49

A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8-4-49
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. Aug. 4, 1949
REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Pennington & Son ADDRESS
PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1949
BUREAU V. S.